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selves which have been already described, that is to say, inflammatory processes and degenerations of the liver, lesions of the mucous membrane, hæmorrhages of the parenchyma, and the serous cavities in the mucosa and the glandular system, and finally, uremic poisoning.

We now come to the action of the toxin on the horse. This animal is ordinarily sensitive even to injection of small quantities of toxin. It may be said, in general, that the higher the animal's position in the zoological scale the greater the sensibility to this virus. Subcutaneous injection even of small doses of filtered culture always causes strong local tumefaction followed by fever, which lasts from twelve to twenty-four hours. This tumefaction is painful and slow to disappear. When the quantity is much greater, or when, instead of filtered cultures, cultures sterilized with ether, which are much stronger, are used, the tumefaction is very great and is followed by widespread subcutaneous œdema, which extends from the lower part of the stomach to the limbs and for several days impedes the movements of the joints. Sanguineous ulcers, difficult to cure, are formed on the surface of the skin. The animal frequently manifests an almost continuous fever. Intravenous injection is borne much better, but still causes grave inconveniences. After each injection the animal shows a strong access of dyspnœa and is attacked by a general tremor, which obliges him to lie down on the ground. Fever ensues and the animal is prostrated for some time. On the following day, however, the temperature returns to the normal and no symptoms present themselves.

In the course of my experiments I lost several horses. One of these was a creole horse, which is much less resistant than the mixed breed to toxin in general, especially to diphtheria and yellow fever. Necropsy of this horse showed tumefaction of the spleen, nephritis, albuminuria, and some foci of enteritis.

I do not consider it necessary to dwell longer on these experiments, first, because the results were a reproduction more or less attenuated of the lesions studied with virus; secondly, because it appears to me better to demonstrate definitively the special functions of yellow fever toxin in direct experiment on the human race.

[To be continued.]

CANADA.

Smallpox in Montreal.

MONTREAL, *July 16, 1897.*

SIR: The present status of smallpox in this province is as follows:

Montreal City (population, 240,000).—Date of outbreak, July 2; cases since outbreak, 3; died, 1; still sick, 2; houses infected, 2; houses still infected, 1 (the civic hospital).

The new patient is a brother to one of the two previously reported to you on July 5.

Precautions taken.—Redisinfection of premises after removal of patient to civic hospital.

Yours, respectfully, ELZÉAR PELLETIER,
Secretary Board of Health of the Province of Quebec.

CUBA.

Smallpox and yellow fever in Cuban seaports.

July 13: The United States consul at Cardenas reports that during the week ended July 10 there were in that city 3 cases of yellow fever and 1 death from smallpox.

July 12: The United States consul at Cienfuegos reports that during the week ended July 11 there were in that city 6 deaths from, and a few cases of yellow fever.

July 17: The United States sanitary inspector at Habana reports that during the week ended July 15 there were in that city 40 deaths from yellow fever and no deaths from smallpox.